



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## BIB DATA SHEET

CONFIRMATION NO. 6963

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/650,497	08/28/2003	705	3626	P-11281.00	
<b>APPLICANTS</b> Paul A. Blowers, St. Paul, MN; Joel R. Lauer, Rogers, MN; Christopher M. Manrodt, White Bear Lake, MN; Cheryl J. Protas, Ham Lake, MN; Seema Padmanabhan, Maple Grove, MN; William M. Sherman, Minneapolis, MN; James E. Willenbring, St. Paul, MN;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS *****					
** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **					
01/05/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /REGINALD R REYES/ Acknowledged Examiner's signature _____ Initials _____	<input type="checkbox"/> Met after Allowance RRR	<b>STATE OR            COUNTRY</b> MN	<b>SHEETS            DRAWINGS</b> 6	<b>TOTAL            CLAIMS</b> 44	<b>INDEPENDENT            CLAIMS</b> 6
<b>ADDRESS</b> MEDTRONIC, INC. 710 MEDTRONIC PARKWAY NE MINNEAPOLIS, MN 55432-9924 UNITED STATES					
<b>TITLE</b> Prioritized presentation of medical device events					
<b>FILING FEE            RECEIVED</b> 1434	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		